

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

444 North Third Street, Suite 410

Sacramento, CA 95814

Phone: (916) 322-3394; FAX: (916) 445-6167

E-mail: cbot@dca.ca.gov; Web: www.bot.ca.gov

State of California
Department of Consumer Affairs
Arnold Schwarzenegger, Governor



NEW APPLICATION REQUIREMENTS

NBCOT Verification:

Effective immediately applicant's applying for licensure/certification with the California Board of Occupational Therapy (CBOT) must provide supporting documentation from the National Board for Certification in Occupational Therapy (NBCOT) or Professional Examination Services (PES) regarding Section IV-Examination.

If you have already passed the national OTR or COTA examination with the National Board for Certification in Occupational Therapy (NBCOT) you must have the NBCOT forward a "Verification of Certification" letter directly to the CBOT. This documentation will only be accepted directly from the NBCOT. A copy of an applicant's national registration/certification certificate will not be accepted. If you do not hold a current national registration/certificate with NBCOT it will not hinder your ability to qualify for a California license/certificate. Please contact the NBCOT at the following address or telephone number to accomplish this task:

National Board for Certification in Occupational Therapy (NBCOT)
800 S. Frederick Avenue, Suite 200
Gaithersburg, MD 20877-4150
Phone: (301) 990-7979
Fax: (301) 869-8492
Web: www.nbcot.org

If you have not passed the national OTR or COTA examination and are a candidate to take the examination you must have either the NBCOT or PES forward the CBOT notification of your examination results. For more information please reference the NBCOT Candidate Handbook for having your score reported to a regulatory board.

Official Sealed Transcripts:

Effective immediately applicant's applying for licensure/certification with the California Board of Occupational Therapy (CBOT) must provide official transcripts in a sealed envelope along with the application.

Failure to submit these items to the CBOT directly will delay the approval of your application. Once your application is approved you will be notified in writing and will be provided instruction on the prorated initial licensing/certification fee.

If you have questions regarding this requirement or have other questions regarding the California licensing/certification process, please contact the CBOT Licensing Unit at (916) 322-3394 for assistance.

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APPLICATION INSTRUCTIONS

Please read the instructions before completing the application. Although most questions are self-explanatory, information is provided here to assist you in completing certain sections. If you continue to have questions regarding the application, you may contact the California Board of Occupational Therapy (Board) at 916-322-3394.

This application can be used to apply for licensure as an occupational therapist (OT), certification as an occupational therapy assistant (OTA), or for a limited permit as either an OT or OTA.

Limited Permits:

- Limited permits are issued only to recent graduates who have completed the academic and fieldwork requirements for licensure or certification (as specified in the Occupational Therapy Practice Act, section 2570.6) and are waiting for the first available National Board for Certification in Occupational Therapy (NBCOT) examination or for the results of the examination. With a limited permit application one of the following must be submitted: a transcript from the qualifying degree program; a letter from the qualifying degree program stating all coursework necessary to obtain the required degree has been completed; or proof of eligibility or authorization to test from NBCOT. **The Board must be notified immediately of NBCOT examination results.** Please note: in order to obtain a license or certificate, the Board must have official transcripts on file.
- Limited permits are issued only once for a duration of 4 months. They cannot be renewed or extended under any circumstance.
- The limited permit fee is credited toward the initial licensing fee if the first available NBCOT exam is taken and passed.
- If the first available NBCOT examination is not taken and passed, the limited permit will be cancelled and the fee will be forfeited. You will not be able to practice occupational therapy or assist in the practice of occupational therapy until you pass the examination.
- Upon application review and verification of a passing NBCOT examination score, the Board will send correspondence on how to continue with obtaining a license or certificate. It is not necessary to submit a new application.

All OT and OTA limited permit holders must practice under the direct supervision of an OT licensed by the Board.

Section I: Personal Data:

- **A, B, C.** Give your full legal name, as you will use it in practice.
- **D.** Other names used (maiden, married, etc., including your legal name if it is different than as provided above).
- **F.** Residence Address: You must provide your residence address. It cannot be a Post Office Box. In accordance with the Information Practices Act of 1977, your residence address may

be released to the public upon written request. If you do not want your residence address to be available to the public, you must designate an alternate address as your address of record.

- **G.** Address of Record: Your address of record can be a Post Office Box. All Board correspondence including your initial license, renewal notices, renewal licenses/certificates, etc. will be sent to this address.

You must notify the Board, in writing, of any change in your residence address and/or your address of record, within 30 days of the change.

- **J.** Disclosure of your Social Security Number (SSN) is mandatory. Your SSN will be used exclusively for tax enforcement purposes, verification of licensure and/or examination status, and verification of child support mandates. It may also be used for reporting to the Health Care Integrity and Protection Data Bank. If you fail to disclose your SSN, you may be reported to the Franchise Tax Board, which may assess penalties against you. You must have a SSN prior to issuance of a limited permit, license, or certificate.

Section II: Current/Previous License, Registration, Certificate:

If you hold or have held a license, registration, or certificate in any health-related profession, including occupational therapy, in any state, province, or country, you must have each jurisdiction complete and return an ENDORSEMENT FORM to the Board. Please send the form directly to each jurisdiction for verification. You may make copies of the form. **This form does not apply to NBCOT certification.**

Section III: Education:

You must submit an official transcript or legible copy of an official transcript from your qualifying degree program reflecting fulfillment of the academic and fieldwork requirements. Diplomas are not acceptable forms of documentation.

Section IV: Examination:

Record your NBCOT or AOTCB certification number. If you are applying for a limited permit, you must submit NBCOT examination eligibility, an NBCOT authorization to test letter or confirmation of your scheduled NBCOT examination date once you receive it.

Section V: Work/Experience Verification:

For the last five years, list the name and address of each of your occupational therapy employers, beginning with the most recent. Unless you are a recent graduate, if you have not worked as an OT, an OTA, or in the occupational therapy field within the last five years of applying for licensure, you must fulfill one of the requirements listed in section 2570.14 of the California Business and Professions Code.

Section VI: Disciplinary Actions and Criminal History Data:

Failure to include the information requested in this section will delay the decision of your eligibility for licensure, certification or a limited permit.

- **A, B.** If you have had disciplinary action taken against a professional health care related license, registration or certificate, and/or been convicted of a crime, please attach: **(1)** a detailed explanation of the circumstances surrounding each incident; **(2)** a *certified copy* of the disciplinary order, record of conviction, and police report; **(3)** proof of completion of probation; **(4)** documentation of your efforts at rehabilitation; and **(5)** verification that any fine imposed has been paid or that current payments are being made.

- **D.** If you have ever been fired, discharged, or had employment terminated for any reason from a health-related employer, you must include a detailed explanation of the circumstances.
- **E.** If you have a condition that in any way impairs or limits your ability to practice with reasonable skill and safety, please submit a written explanation of the circumstances, official inpatient and outpatient treatment records if applicable, and a statement regarding your efforts at rehabilitation. You may be asked by the Board's Enforcement Unit to provide additional pertinent information.

Section VII: Fingerprints and Photograph Requirements

All applicants are required to submit fingerprints for the purpose of conducting criminal background checks through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI). There are two methods available for submitting fingerprints. The first method is by rolling fingerprints on a standard 8" X 8" fingerprint card. Two cards must be submitted, one for the DOJ and the other for the FBI. The second method is through a process called "Live Scan." This method electronically scans and transmits your digitized fingerprints from the Live Scan site to the DOJ and FBI. The Board highly recommends the Live Scan process, as it is extremely time efficient. However, Live Scanning can only be performed in California, and may not be available in some parts of the State.

INSTRUCTIONS FOR SUBMITTING FINGERPRINT CARDS:

The fingerprint clearance process can take 6- 8 weeks when fingerprint cards are submitted.

Fingerprint Card Procedures:

1. If you are unable to complete the Live Scan process, please contact the Board and request two fingerprint cards to be sent to you.
2. Applicants must complete all items on the fingerprint cards marked with a black X to facilitate prompt and accurate processing by the DOJ. Fingerprint cards must be submitted with the same name shown on the application. Type or print legibly in **BLACK INK** all requested information on each card. If any color other than black is used, the cards will be rejected and additional cards will have to be completed for submission. Use the abbreviations listed below for physical description items:

SEX: Female= F Male= M

HEIGHT (HGT): Express in feet and inches. Do not use fractions of an inch - round to the nearest inch. Example: 5'9". **DO NOT USE THE METRIC SYSTEM.**

WEIGHT (WGT): Express in pounds. Do not use fractions of a pound - round to the nearest pound. Example: 140 lbs. **DO NOT USE THE METRIC SYSTEM.**

COLOR OF EYES:	Black	BLK	Gray	GRY
	Blue	BLU	Green	GRN
	Brown	BRN	Hazel	HZL

COLOR OF HAIR:	Bald	BLD	Gray	GRY
	Black	BLK	Sandy	SDY
	Blonde	BLN	White	WHI
	Brown	BRN	Red/Auburn	RED

3. Take the completed fingerprint cards to a local law enforcement agency where your fingerprints can be rolled and imprinted in **BLACK INK** on each card. You are advised to call the local law enforcement agency first to determine if the rolling service is offered, if an appointment is necessary and if there will be a fee for the fingerprint rolling service.
4. Submit your completed fingerprint cards and application to the Board in a 9" x 12" envelope. **DO NOT FOLD FINGERPRINT CARDS. If your cards are folded, you will need to complete and submit new fingerprint cards.** Write, "DO NOT FOLD," on the envelope. You must submit a check or money order in the amount of \$56.00 for processing (\$32.00 for DOJ, \$24.00 for FBI) made payable to the Board of Occupational Therapy. Fingerprint fees are non-refundable and are subject to change without notice.

INSTRUCTIONS FOR SUBMITTING LIVE SCAN FINGERPRINTS:

Live Scanning expedites the fingerprint clearance process as results are received in as few as 72 hours.

Live Scan Procedures:

1. Complete the Board's "Request for Live Scan Service" form BCII 8016 in triplicate.
2. Take the completed form (in triplicate) to the Live Scan site. There are more than 200 Live Scan sites throughout the state. A complete listing of Live Scan sites is available on the DOJ web site at <http://ag.ca.gov/fingerprints/publications/contact.php>. Or, you may call 1-800-315-4507 for California Live Scan locations. You are highly encouraged to call the Live Scan site first to determine if an appointment is necessary.
3. You must pay the \$56.00 processing fee and the requested rolling fee (determined by the local Live Scan agency) at the Live Scan site.
4. Submit page two of the Live Scan form to the Board with your application.

2" X 2" PHOTOGRAPH:

You must submit a 2" x 2" passport quality photograph of yourself taken within the past six months. Be sure that your face is completely visible in the photo.

Other General Information:

Send your application to: California Board of Occupational Therapy
444 North Third Street, Suite 410
Sacramento, CA 95814

The California Code of Regulations, Business and Professions Code, application, and frequently asked questions and answers can be viewed at the Board's website: www.bot.ca.gov.

You will be notified when your application has been approved or whether there are deficiencies that must be corrected before the application can be approved. Once approved, you will be notified of the license, certificate, or limited permit fees owed. Your initial license or certificate will expire on the last day of your birth month and will be subject to a renewal fee on an annual basis.

The average processing time for an application is 3-6 weeks, depending on the completeness of the application when it is received by the Board.

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**INITIAL APPLICATION FOR LICENSURE/CERTIFICATION**

(Read the Instructions before completing the application. Please print or type all information.)

Check one:

- ☐ Occupational Therapist (OT)
☐ Occupational Therapy Assistant (OTA)
☐ OT Limited Permit (See Instructions for requirements)
☐ OTA Limited Permit (See Instructions for requirements)

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Section I: Personal Data

A. Last Name		B. First Name		C. Middle Name	
D. Other Names Used		E. Have you ever submitted an application to this Board under another name? <input type="checkbox"/> Yes. If yes, what name? <input type="checkbox"/> No.			
F. Residence Address: Street No., Apt. No. (cannot be a P.O. Box) (*Mandatory- Please see application instructions)		City	State	Zip Code	
G. Address of Record: Street No., Apt. No., P.O. Box (Please see application instructions)		City	State	Zip Code	
H. Home Telephone Number ()	I. Business Telephone Number ()	J. Social Security Number (SSN) (*Mandatory- Please see application instructions) _____ - _____ - _____			
K. Email address	L. Date of Birth (mm/dd/yy)	M. Driver's License Number/State	N. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

Section II: Current/Previous License, Registration and Certification

A. Are you now or have you ever been licensed/registered/certified as an occupational therapist, occupational therapy assistant or held any other health related license or certificate in any state (including California), province, or country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. If yes, list below. <i>You must have each issuing jurisdiction verify the status by completing and returning the Endorsement Form to the Board. Indicate the name used on the license if different than the name(s) in Section I.</i>			
State or Country	Type of License, Registration or Certificate	Number	Expiration Date

Section III: Education (You must submit an *official* transcript from the qualifying degree program.)

College/University Name, City, State	Graduation Date	Degree Awarded
College/University Name, City, State	Graduation Date	Degree Awarded

Section IV: Examination

A. Are you now or have you ever been certified by the National Board for Certification in Occupational Therapy (NBCOT)?

☐ Yes: Date of certification: Certificate Number:

☐ No.

B. Were you certified by the former American Occupational Therapy Certification Board (AOTCB)?

☐ Yes: Date of certification: Certificate Number:

☐ No.

B. If you are applying for a limited permit, on what date are you scheduled to take the NBCOT examination?
Please attach the NBCOT eligibility verification or authorization to test letter if you have received it.

D. If you are applying for a limited permit, have you previously taken the NBCOT examination and failed?

☐ Yes. ☐ No.

Section V: Professional Experience and/or Fieldwork (within the past five years, most recent first)

Facility Name:	Position:
Address (Street, City, State or Country):	From:
	To:
Facility Name:	Position:
Address (Street, City, State or Country):	From:
	To:
Facility Name:	Position:
Address (Street, City, State or Country):	From:
	To:
Facility Name:	Position:
Address (Street, City, State or Country):	From:
	To:

Section VI: Disciplinary Actions and Criminal History Data

A. Has any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other disciplinary action against you? ☐ Yes ☐ No

If yes, you must provide a certified copy of the Disciplinary Order or other document imposing such sanction.

B. Have you ever voluntarily surrendered a license, certificate or registration granted to you in lieu of disciplinary action? ☐ Yes ☐ No

C. Is any action described in A and/or B of this section pending against you? ☐ Yes ☐ No

If you answered yes to either B or C, please give a detailed explanation of the circumstances on a separate attachment.

D. Have you ever been fired, discharged, or had employment terminated for any reason from a health-related employer? ☐ Yes ☐ No

If yes, please give a detailed explanation of the circumstances on a separate attachment.

E. Do you have any condition that in any way impairs or limits your ability to practice occupational therapy with reasonable skill and safety, including, but not limited to, the conditions listed below? ☐ Yes ☐ No

If yes, check all appropriate boxes below:

- ☐ A condition that required admission to an inpatient psychiatric treatment facility.
- ☐ Alcohol or chemical substance dependency or addiction.
- ☐ Emotional, mental or behavioral disorder.
- ☐ Other (explain):

For any of the boxes checked, please submit complete official inpatient and outpatient treatment records, evidence of ongoing rehabilitation treatment, and a personal written explanation of the circumstances.

F. Have you been convicted of any crime (misdemeanor or felony)? You must disclose any conviction, no matter how old. The only exceptions are: convictions occurring under the age of 18 (unless you were tried as an adult, in which case the conviction must be disclosed) and traffic violations resulting in a fine of less than \$500. All driving under the influence convictions must be disclosed regardless of the fine imposed. The definition of conviction includes a conviction following a plea of nolo contendere (no contest), as well as a plea or verdict of guilty. Convictions expunged under Penal Code Section 1203.4 must be disclosed. ☐ Yes ☐ No

If yes, provide the following information:

Date of Conviction	Name of Court and Location	Initial Charge(s)	Convicted Charge(s)

In addition to the above information, please provide the police report, a certified copy of the record of conviction, and a detailed explanation, written in your own words, of the circumstances surrounding each conviction.

G. Is any criminal action pending against you? ☐ Yes ☐ No If yes, for which incident?

Section VII: Fingerprint and Photograph Requirements

<p>A. You must submit either the completed Live Scan Form BCII 8016 OR two hard-copy fingerprint cards. Please see the application instructions for additional information.</p>	<p>B. Provide a 2" x 2" passport quality photograph of yourself taken within the last six months.</p> <p>Attach Photograph Here (face must be completely visible)</p>
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Section VIII: Affidavit

I hereby declare that I am the person named in this application, that I have read the complete application and know the contents thereof. **I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.** I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an Occupational Therapist or Occupational Therapy Assistant in the State of California.

I further understand that I am required to notify the Board of Occupational Therapy, in writing, of any change in my mailing address and residence address within 30 days of such change.

Signature of Applicant

Date

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ENDORSEMENT FORM

TO: State Licensing, Registration or Certification Board

STATE BOARD NAME

STREET ADDRESS, P.O. BOX

CITY

STATE

ZIP CODE

I am applying for licensure/certification as an occupational therapist or occupational therapy assistant with the California Board of Occupational Therapy (BOT) and verification of my licensure/registration/certification status by your agency is required. I hereby authorize your agency to release information concerning my licensure/registration/certification status to the BOT.

APPLICANT'S NAME (PRINT OR TYPE)

DATE OF BIRTH

SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER

*Applicant complete above
Licensing Agency complete below*

This is to certify that _____ was issued
(name)
license/registration/certificate number _____ on _____ as an _____
(Title of License)

Said license/registration/certificate will expire or expired on _____.

1. Have any complaints been filed against this individual? ____ Yes ____ No ____ UTA*
 2. Is there a pending investigation against this individual? ____ Yes ____ No ____ UTA*
 3. Has any disciplinary action been taken against this individual? ____ Yes ____ No ____ UTA*
- *Unable to answer

If the answer(s) to question 1, 2 or 3 is "yes", please provide any information and documentation that may be released, including the charges and final disposition. If the information responsive to this request is not public information, the BOT can receive this information in confidence and the information will be privileged from disclosure under California Evidence Code Section 1040. Please designate any confidential documents by marking each page "Confidential" in the top right hand corner. Please return this completed form to the BOT at the address listed above. Thank you.

Verified by _____

Print name _____

Title _____

Date _____

Telephone Number _____

SEAL

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Agency authorized to receive criminal history information		_____ Mail Code (five-digit code assigned by DOJ)
_____ Street No.	_____ Street or PO Box	_____ Contact Name (Mandatory for all school submissions)
_____ City State Zip Code		() _____ Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

City State Zip Code () _____
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Agency authorized to receive criminal history information		_____ Mail Code (five-digit code assigned by DOJ)
_____ Street No.	_____ Street or PO Box	_____ Contact Name (Mandatory for all school submissions)
_____ City State Zip Code		() _____ Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: _____
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Transmitting Agency ATI No. Amount Collected/Billed

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Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____	_____	_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____	_____	()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____ Street or PO Box

SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

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Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed